

Total paid: \$ (office use only)
Receipt number: (office use only)



Virginia Alcoholic Beverage
Control Authority

Agent: (office use only)
Record number: (office use only)

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way • Mechanicsville VA 23116 | PO Box 3250 • Mechanicsville VA 23116

WALKING TOUR OR SIGHTSEEING PERMIT APPLICATION

A. INSTRUCTIONS

1. Print legibly in black ink.
2. Read thoroughly and complete all applicable sections.
 - *Organization*: Complete Sections B–D, F–H
 - *Individual*: Complete Sections B, E–H
3. If section B is completed then section C must also be completed.
4. Mail the following items to the address below:
 - *Completed application*
 - All required documents
 - *Nonrefundable application fee of \$50*

Virginia Alcoholic Beverage Control Authority
License Records Management
PO Box 3250
Mechanicsville, VA 23116

B. BUSINESS LOCATION

1. Facility Establishment Name: (if applicable) _____
2. Address: (street) _____
(city/town) _____ (state) _____
(zip + 4) _____

C. PERMITEE-ORGANIZATION

DIRECTIONS: If the organization is applying directly for a license then section D is required to be completed with an associated individual's contact information.

1. Organization Name: _____
2. Primary Phone Number: _____
3. Address: (street) _____
(city/town) _____ (state) _____
(zip + 4) _____

D. ASSOCIATED INDIVIDUAL

1. Individual First Name and Last Name: _____
2. Preferred method of contact: ☐ Phone ☐ Email ☐ Postal Mail
3. Primary Phone Number: _____
4. Email Address: _____

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E. PERMITEE-INDIVIDUAL

1. First Name, Last Name: _____
2. Primary Phone Number: _____
3. Address: (street) _____
(city/town) _____ (state) _____
(zip + 4) _____

F. TOUR INFORMATION

1. *Type of Tour: ☐ Sightseeing ☐ Walking Tour
2. *Describe the locations where the business will conduct tours: _____

G. APPLICANT'S SIGNATURE

I swear or affirm under penalty of law that the information on this application and all the attachments are true and accurate. I understand that falsification and/or misrepresentation of information may result in refusal of the license(s) and/or criminal charges.

Signature: _____ Date signed: _____

Print name: _____ Title: _____

H. REQUIRED DOCUMENTS

DIRECTIONS: Provide officials with the following required documents at time of submittal.

1. DMV Contract Passenger Carrier Operating Authority Certificate.